

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814
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July 8, 1982

ALL-COUNTY LETTER NO. 82-66

TO: ALL-COUNTY WELFARE DIRECTORS

SUBJECT: REFUGEE/ENTRANT RELEASE OF INFORMATION AND REFERRAL/SANCTIONING
PROCESS

REFERENCE:

This letter is to clarify departmental policy regarding the release of refugee/entrant casefile information to DSS-funded services projects and the county referral and sanctioning process.

RELEASE OF INFORMATION

Counties may solicit, on an individual basis, written consent from refugee AFDC and RCA/ECA recipients authorizing the county to release information from the recipient's casefile to DSS-funded services providers. This must be on a voluntary basis only, and may not be made a condition of eligibility. Such written consent is to be maintained in the casefile, and may be solicited at the time of application or redetermination, via staffers in the mail, or the county may call recipients into the CWD office to solicit the written consent, which must specify:

1. The information which may be released;
2. To whom it may be released; and
3. The purpose for releasing the information.

Once the written consent has been obtained, the county may transmit the recipient's casefile information to the DSS-funded refugee service provider(s) either on an individual basis or in the form of a listing of refugee recipients who have consented to release of their case information.

Providing casefile information on public assistance applicants/recipients to service providers (or anyone else), without first obtaining written consent, is considered a MISDEMEANOR violation per Welfare and Institutions Code Section 10850(b).

Counties may not sanction for noncompliance RCA/ECA recipients who are referred to services projects under the procedures described above. Counties wishing to utilize sanctioning measures must make referrals in accordance with the guidelines discussed below.

REFERRAL/SANCTIONING PROCESS

In accordance with MPP Section 69-205.5, counties may make mandatory referrals of RCA/ECA recipients to service projects if such projects are determined by the county to be appropriate training and/or employment programs. Per All-County Letter No. 82-07, training offered by DSS-funded services projects is deemed appropriate for purposes of MPP Sections 69-205.5 and 69-205.8. Referrals are to be made to the Central Intake Unit (CIU). In this context, "referral" means instructing the recipient to report to the service project. "Referral" does not mean providing recipient information to the service provider so the provider can call in the recipient.

Referrals should be made via a referral form. Such a form will serve two purposes:

1. It provides documentation of the referral, which will be needed if the county later imposes sanctioning measures for noncompliance; and
2. It lets the service provider know that the refugee was referred by the county and that the county should be notified in the case of nonparticipation/noncompliance.

In order for such a referral/sanctioning system to work, the county will need to obtain agreement for the local service provider(s) to, (1) notify the county that a recipient has reported to the project upon referral, (2) notify the county when a referred recipient refuses/fails to participate or comply with project requirements, and (3) provide the county with the information necessary for the county to make a good cause determination in the case of nonparticipation/noncompliance.

NOTE: The above requirements/sanctions may not be applied to recipients of AFDC. Only AFDC Program requirements may be imposed on these persons as a condition of grant eligibility.

None of the above is intended to preclude CWDs, at their option, from establishing an informal system for referring, on a voluntary basis, refugee/entrant recipients of RCA/ECA and AFDC to DSS-funded services projects.

If you have any questions regarding this letter, please contact your Office of Refugee Services' Program Consultant at (916) 322-3141, or (415) 557-8588.

Sincerely,



MARION J. WOODS
Director

cc: CWDs